

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
CHARLESTON DIVISION**

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|----------------------------------|---|------------------------------------|
| John Panico and Patricia Panico, |) | Civil Action No. 2:25-cv-03181-DCN |
| |) | |
| Plaintiffs, |) | |
| |) | |
| v. |) | DEFENDANT'S FIRST SET |
| |) | OF INTERROGATORIES |
| Joshua Marro |) | TO PLAINTIFFS |
| |) | |
| Defendant. |) | |
| |) | |

TO: KELSEY E. SAALMANN, ESQUIRE, ATTORNEY FOR PLAINTIFFS:

Defendant Joshua Marro (hereinafter "Defendant"), by and through her undersigned counsel, pursuant to Rule 33 of the Federal Rules of Civil Procedure, hereby propounds and serves the following written Interrogatories upon Plaintiffs John Panico and Patricia Panico to be answered separately in writing and under oath, within thirty (30) days from the date of service hereof:

1. Give the names and addresses of persons known to you or your attorney to be witnesses concerning the facts of the case and indicate whether or not written or recorded statements have been taken from the witnesses and indicate who has possession of such statements.
2. Set forth a list of photographs, plats, sketches or other prepared documents in your possession or in your attorney's possession that relate to the claims or defenses in this case.
3. Set forth the names and addresses of all physicians who have treated John Panico and/or Patricia Panico and all hospitals to which John Panico and/or Patricia Panico have been

committed in connection with said injuries and also set forth the statement of all medical costs involved.

4. Set forth an itemized statement of all damages, exclusive of pain and suffering, claimed to have been sustained by John Panico and/or Patricia Panico.

5. Set forth the names and addresses of all insurance companies which have liability insurance coverage, possible underinsured (UIM) coverage, and excess or umbrella coverages, relating to the claim and set forth the number or numbers of the policies involved and the amount or amounts of coverage provided in each policy.

6. Set forth the names and addresses of all insurance companies or other entities who have made payments on behalf of the Plaintiffs for injuries that allegedly resulted from the accident in question in this lawsuit and set forth the amount of the bills the insurance company or other entity paid and the amount of any currently existing liens.

7. List the names and addresses of any expert witnesses whom the party proposes to use as a witness at the trial of this case.

8. For each person known to the parties or counsel to be a witness concerning the facts of the case, set forth the relationship of each witness to the Plaintiffs, and either a summary sufficient to inform the other party of the important facts known to or observed by such witnesses, or provide a copy of any written or recorded statements taken from such witnesses.

9. Please set forth John Panico and/or Patricia Panico's full legal name, current address, date of birth, place of birth, full and un-redacted social security number, and driver's license number.

10. Set forth a detailed statement of what you saw and heard at the time and place of the accident in question, both before and after the accident, including, but not limited to, weather

conditions, lighting, and any other observations of the accident scene, any vehicles involved, and any individuals involved.

11. What is the extent of John Panico and/or Patricia Panico's education? Please specify schools attended, graduation dates (if applicable), and degree or diploma earned.

12. State if Plaintiff has lost any time from his/her business or occupation since the accident referred to in the Complaint, and if so, state:

- a. Cause of such loss of time;
- b. The number of days lost and dates; and
- c. The amount of wages or income lost.

13. If employed at the time of the accident referred to in the Complaint, state:

- a. The name and address of the employer;
- b. The position held and the nature of the work performed; and
- c. Average weekly wages for the preceding year.

14. If employed since the accident referred to in the Complaint, state:

- a. The name and address of the present employer;
- b. The position held and nature of work being performed;
- c. The hours worked per week;
- d. Present weekly wages, earnings, income or profits; and
- e. The name of your immediate boss, foreman or other superior to whom you are responsible.

15. List the names and addresses of all medical personnel including, but not limited to, doctors, nurses, physical therapists, osteopaths, psychiatrists, psychologists or chiropractors who have seen John Panico and/or Patricia Panico in the last ten (10) years.

16. State the names and addresses of every pharmacy and/or drug store which has filled, prepared, or administered prescriptions, medication, and/or treatment for John Panico and/or Patricia Panico in the last ten (10) years.

17. With respect to the injuries allegedly suffered in the accident which is the subject of this lawsuit, state:

- a. The extent and nature of any disability;
- b. Describe in detail the location of any pain suffered and the duration and intensity of such pain; and
- c. Whether or not Plaintiff suffered any restraint from normal activities due to the injuries allegedly suffered, and describe in detail the nature and duration of such restraint.

18. If your physical, mental, sporting or recreational activities or daily routines, both at home and on the job, have in any way been affected or changed by the accident in question, give a detailed description of what your activities were before the accident and compare them with what they were or are following the accident in question.

19. In the last ten (10) years, did John Panico and/or Patricia Panico ever suffer from or receive treatment for any of the following: heart trouble, paralysis, diabetes, cancer, epilepsy, neck pain, back pain, muscle spasms, ulcers, frequent headaches, physical deformity, sight or hearing difficulty, arthritis, head injuries, dizziness or fainting spells, or any other serious illness or disease not listed herein. If yes, then:

- a. Indicate all of the ailments from which Plaintiff suffered and state when Plaintiff was afflicted with each; and
- b. State the names and addresses of all physicians Plaintiff sought for each condition and the name and location of all hospitals rendering treatment to Plaintiff for any of these ailments.

20. Describe in detail and with complete specificity each and every accidental injury Plaintiff has sustained since the accident in question that has required medical care and attention. As part of this description, give dates, times, and names and addresses of attending physicians.

21. State whether or not you have ever made any claims for injuries prior to the accident in question and, if so, what attorney represented you, and state whether or not a lawsuit was filed, whether or not such lawsuit was settled, and the disposition of such lawsuit.

22. State whether or not you have been involved in any accidents before or after the accident in question, and if so, what injuries were received in each accident, and the names and

addresses of all physicians consulted with regards to such injuries. Also give the dates of the accidents provided in response to this Interrogatory.

23. Prior to the date of the accident complained of in the Plaintiffs' Complaint, had Plaintiffs ever been assigned a permanent impairment rating to any portion of their body? If so, state:

- a. The exact part or parts of the body to which the previous impairment ratings have been assigned;
- b. For each such body part, the exact percentage of permanent impairment which was previously assigned;
- c. The name and address of the physician, chiropractor or other healthcare provider who has assigned the impairment rating; and
- d. For each part of the body to which an impairment rating has been assigned, a complete and detailed explanation of the reasons for the assignment of the impairment rating.

24. Has Plaintiff been assigned a permanent impairment rating to any portion of John Panico and/or Patricia Panico's body since the accident complained of in the Plaintiffs' Complaint? If so, state:

- a. The exact part or parts of the body to which the impairment rating(s) have been assigned;
- b. For each such body part, the exact percentage of permanent impairment which was assigned;
- c. The name and address of the physician, or other healthcare provider who has assigned the impairment rating; and
- d. For each part of the body to which an impairment rating has been assigned, a complete and detailed explanation of the reasons for the assignment of the impairment rating.

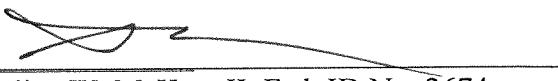
25. Have you ever been involved in any other legal actions, either as a Plaintiff or Defendant? If so, give nature of action, resolution of action, and counsel of record.

26. Please fully describe the whereabouts of Plaintiffs for the twenty-four (24) hours preceding the accident which is the subject of this lawsuit and list the names of individuals who were with the Plaintiffs at any time during the course of this period, their addresses, and telephone

numbers.

The foregoing Interrogatories are to be regarded as continuing and Plaintiff is requested to provide promptly, by way of supplementary answers thereto, such additional information as may hereafter be obtained by Plaintiff or any person or organization on Plaintiff's behalf, which will augment or otherwise modify any answers now given to the foregoing Interrogatories.

Respectfully submitted,



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Columbia, South Carolina
June 10, 2025

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
CHARLESTON DIVISION**

John Panico and Patricia Panico,) Civil Action No. 2:25-cv-03181-DCN
)
Plaintiffs,)
)
v.) **CERTIFICATE OF SERVICE**
)
Joshua Marro)
)
Defendant.)

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The undersigned hereby certifies that on June 10, 2025, a copy of the foregoing *Defendant's First Set of Interrogatories to Plaintiff* were duly served on opposing counsel via **electronic mail** and/or U.S. Mail addressed as follows:

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Sherri A. Johnson, Paralegal to:
Julius W. McKay, II, Esquire
Jacob A. Biltoft, Esquire
The McKay Firm, P.A.